

**PEST CONTROL BUSINESS LICENSE (GROUND) APPLICATION FOR 20**

RETURN THIS APPLICATION TO: 2300 MCLEOD ST, LAS VEGAS, NV 89104-4314. PHONE 702-486-4690. FAX 702-486-4695

Applicant: A. Individual \_\_\_\_\_  
B. Partnership: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
C. Corporation: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Out of State Mailing: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**LICENSE CATEGORIES**

B. Ag. Ground	Applied For	Approved	C. Urban/Structural	Applied For	Approved
1. Insecticides..	_____	_____	1. Ornamental and Turf.....	_____	_____
2. Herbicides....	_____	_____	2. Industrial & Institutional.	_____	_____
3. Dessicants & Defoliants....	_____	_____	3. Structural.....	_____	_____
			4. Fumigation.....	_____	_____
4. Fungicides & Bactericides..	_____	_____	5. Aquatic.....	_____	_____
			6. Right-of-Way.....	_____	_____
5. Rodenticides..	_____	_____	7. Preservation of Wood.....	_____	_____

**FEES**

Business License Fee .....1 x \$250 = \$ **250**

EACH Principal and Operator..... x \$50 = \$ \_\_\_\_\_  
(Number)

Total Fees = \$ \_\_\_\_\_

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Number of Business Locations \_\_\_\_\_ (indicate total number of business locations in Nevada)

Address of Business Location #1 \_\_\_\_\_ Phone \_\_\_\_\_

List Name(s) of **Principal(s)** responsible for Business Location #1

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Address of Business Location #2 \_\_\_\_\_ Phone \_\_\_\_\_

List Name(s) of **Principal(s)** responsible for Business Location #2

1. \_\_\_\_\_ 2. \_\_\_\_\_

Address of Business Location #3 \_\_\_\_\_ Phone \_\_\_\_\_

List Name(s) of **Principal(s)** responsible for Business Location #3

1. \_\_\_\_\_ 2. \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Primary Principal and Principal Information

NAME: _____	<b>YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!</b>
Home Address: _____	
P.O. Box: _____	
City/State/Zip: _____	
Home Phone: (____) _____	
Are you a Nevada Resident? ___Yes___No	___I am not subject to a court order for the support of a child.
Driver's License Number & State	___I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; <b>OR</b>
AGRICULTURAL GROUND: B1 B2 B3 B4 B5	___I am subject to a court order for the support of one or more children and am <b>not</b> in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.
	URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7

### CONTINUING EDUCATION UNIT STATEMENT (NAC555.372) :

ID# \_\_\_\_\_

\_\_\_I have acquired the minimum number of continuing education credits necessary to renew my Nevada pest control license, or I am a new licensee and am not subject to these requirements.

\_\_\_I have **not** acquired the minimum number of continuing education credits necessary to renew my Nevada pest control license, and understand that my license will not be renewed until I comply with Nevada's continuing education requirements. I further understand that I will be unable to perform pest control in Nevada until I comply and my license is approved.

\_\_\_I do not intend to renew my Nevada pest control license.

Applicant Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

## OPERATOR INFORMATION

NAME: _____	<b>YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!</b>
Home Address: _____	
P.O. Box: _____	
City/State/Zip: _____	
Home Phone: (____) _____	
	___I am not subject to a court order for the support of a child.
	___I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; <b>OR</b>
	___I am subject to a court order for the support of one or more children and am <b>not</b> in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.
AGRICULTURAL GROUND: B1 B2 B3 B4 B5	URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7

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Applicant Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

O=Operator P=Principal PP=Primary Principal

**Category restrictions:** d=insects only g=no shade & fruit trees h=restricted to shade/fruit trees i=restricted to rodent burrows  
j=restricted to agric fumigation k=no weeds l=restricted to weed control m=inspections only n=restricted to sewer root control

### For Departmental Use Only

Insurance Checked By: _____	Date: _____	License Approved By: _____	Date: _____
Licence Issued By: _____	Date: _____	Receipt No. _____	
License Status _____ New _____ Renewal	Permanent License Number: _____	Departmental Number _____	

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